

**KATHMANDU UNIVERSITY**

**OFFICE OF THE REGISTRAR**

(Application form for Retotaling of the Result)

Name of the examinee \_\_\_\_\_

Address \_\_\_\_\_

School/College \_\_\_\_\_ Level \_\_\_\_\_ Batch \_\_\_\_\_

Registration number 

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Examination Roll number 

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Cours No.	Course Title	Credits	Grade	Grade Points	Remarks

Signature of the applicant  
Date :

(for official use only)
Total amount paid Rs. _____
Receipt Number _____
Checked by _____
Date _____